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Project Delivery in HIV/AIDS and TB in Southern Africa: The Cross-cultural Management Imperative

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Project Delivery in HIV/AIDS and TB in Southern Africa: The Cross-cultural Management Imperative.

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Abstract

This paper reports the findings of a broad based study that initially investigated a possible gap in global inputs into the fight against HIV/AIDS and TB co-infection, and outputs in terms of results achieved. We propose that such a gap may be hypothesized to be due, at least in part, to inappropriate management regimes within the global health governance structure. We do not simply question the effectiveness of the management of programs and projects, but rather the inappropriateness resulting from the lack of addressing cross-cultural issues. The factors facilitating or hampering project service delivery are examined by looking at twelve case studies in Botswana and South Africa. These data are complemented with seven semi-structured interviews with donor organizations and NGOs conducted in the North. Cultural interactions are investigated by using the concept of 'interfaces'. Results suggest that there is a disjuncture between the global and local level that affects project delivery. The main issues hampering project outcomes can be summarized as systemic, structural and cultural. The article's main contributions are both theoretical, looking at global project delivery from a cross-cultural management perspective, as well as to development praxis by highlighting the need to focus more critically on cross-cultural management issues within the global health governance structure, and indeed within international development as a whole.

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Key Words: Cross-cultural Management, Southern Africa, HIV/AIDS and TB, global health governance structure.

Outlining the Issues

Over 30 million people are living with HIV worldwide. About 22.5 million of those are living in sub-Saharan Africa with South Africa and Botswana being among the worst affected countries. It is estimated that in 2007 between 1.5 and 2 million people died of the consequences of AIDS in sub-Saharan Africa (Kickbush 2007). One of the major causes of death among people living with HIV is related to tuberculosis (TB) co-infection (WHO 2008). In the last decade and a half figures like these reinforced the recognition of the consequences of ill-health for development and have made health “a central pillar of most development policies” (World Bank 2007, p.149).

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Thus, health has become a crucial element in the attainment of the poverty reduction goals that are at the core of the current development agenda. Capacity development directed at the appropriate and effective management of resources is central to alleviating ill-health and fighting poverty. However, organization in sub-Saharan African countries, ‘has long suffered from varying degrees of mismanagement, poor management and inappropriate management’ (Jackson 2004). These ills are mainly the consequence of an ‘a-contextual and a-political understanding of cultural encounters’ (Ybema & Byun 2009, p.339).

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In the Paris Declaration on Aid Effectiveness (2005), ‘managing for development results’ has emerged as one of the key concepts within the debate on how to achieve the development outcomes aimed at in the Millennium Development Goals (MDGs). Relating this to the study at hand, managing for results implies managing and implementing aid in a way that not only focuses on the desired results, but also incorporates local knowledge to improve decision-making. This brings us to our primary research question: What are the obstacles and facilitating factors and how do they affect HIV/AIDS and TB service delivery in Botswana and South Africa? In order to try to answer this question we focus specifically on the following elements.

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1. *Contextualization*: How do wider international development policies regarding interventions in disease, poverty and inequality influence the final outcomes in tackling HIV/AIDS and TB?
2. *Structural relationships*: How does the organization/project fit itself into the global governance structure, and how does this influence outcomes?
3. *Management interactions*: What is the nature of cross-cultural interactions, and how does this influence outcomes?
4. *Cultural crossvergence and management hybridization*: What is the nature of management in the project organization arising from different cultural influences within the global management structure, and how does this influence outcomes?

Each of the research questions outlined above is addressed by interrogating our data from case studies conducted in Botswana and South Africa and complemented with the findings of semi-structured interviews with organizations in the North.

Towards a Concept of Cross-cultural Management in International Development

Although frameworks in the Management Studies literature like Hofstede's (2001), 'begin to paint a reasonably clear picture that cultural variability is systematic and that cultural characteristics can be identified and described' (Thomas 2008, p.68), little attention has been paid to cross-cultural interactions (Jackson & Aycan 2006), and as Jackson (in press) has suggested more recently, interaction within the global health governance structure. As Adler and Graham (1989) argued almost twenty years ago, cross-cultural management theory might benefit from a move beyond the 'comparative fallacy' by looking at the interplay of cultural influences.

Jackson (2004) argues that, up until very recently, management in Africa was characterised by a developing-developed world view that is reminiscent of convergence theory (Harbison & Myers

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1959; Kerr et al. 1960). In Development Studies this idea is echoed in modernization theory (McClelland 1961; Rostow 1960; Solow 1956; Solow 1957) that heavily influenced thinking until into the 1980s. Both theories express the idea that as developing countries industrialise and adopt free-market capitalism, they 'catch up' and move closer to the ideological values of the developed industrialised world (Dunphy 1987; Eisenstadt 1973; Inglehart & Baker 2000). In line with what Power (Power 2003, p.2) describes as a normative or instrumental view to development, whereby development is defined negatively by 'pointing to things that are *lacking* or *deficient* or things that need to be *intensified*', management in Africa has often been described in terms of poor management (Kiggundu 1989) or inappropriate management (Dia 1996). As Jackson and Haines (2007, p.88) point out:

'The obvious 'solution' within the *developing-developed* world paradigm is to move towards a 'Western' approach, which is often consultative/participative, results focused and uses a 'contingency' approach that balances a task- and people-focus.'

This Western approach is reflected in what Jackson (2002a; 2004) terms 'post-instrumental management systems': denoting an instrumental view of people in organizations that has been progressively 'softened' in mature HRM practices that adopt a contingency (task/relationship) approach. Taylor (2001) and Jackson (2002a; 2004) both see a trend for Western managerialist thinking to be imported into African countries through the aid industry, multinational companies, and by (African) managers who are being trained in Western traditions. These managers act as change agents in favor of the adoption of Western management techniques, behavior and business systems (Lemaire & Prime 2007). Evidence from NGOs themselves, as well as the literature relating to NGO management, however, suggests that Western approaches are being transplanted and used uncritically in developing countries (Fowler 2002; Igoe & Kelsall 2005; Lewis 2001).

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The opposite argument, cultural divergence, is reflected in what Jackson (2002a; 2004) describes as ‘African renaissance management systems’. Its definition relies heavily on the Xhosa term *Ubuntu*, meaning that a person is only a person through other persons, and thus expresses a typical African (humanistic) conception of the person (Karsten & Illa 2005). This parallels Marsden’s (1991, p.36) definition of indigenous management as ‘utilizing local, folk or vernacular knowledge and organizational methods’.

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The positions sketched above can be seen as the two ends of a continuous spectrum. On this continuum Ralston et al. (1993) adopt a middle path by arguing a crossvergence case. This perspective suggests that culture and industrialization will interact to produce a new value system that is a combination of both forces (Priem et al. 2000). Thus, Sinha, Kao and Wilpert (1999, p.22) state that ‘indigenization implies that what are useful and valuable in the two systems in the contemporary context are retained and integrated to generate a synergistic work culture that is not only congruent with socio-cultural realities but also functional and effective’. Conceptualizing management in this manner offers a way forward: away from the developing-developed paradigmatic thinking, to investigate effective and appropriate management in the sub-Saharan African countries.

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This concept of crossvergence, hybridization or indigenization has been taken up by several scholars investigating management in developing countries. Rao (1996), for example, points to the development of Indian ‘human resource development’ systems, which bring together both Western and Indian influences. Turning to the African continent, Anakwe (2002) found that human resource management practices in Nigeria are a blend of foreign or Western practices and the contexts in which the organization functions. She continues to say that organizations have to

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proactively adopt a crossvergence perspective in designing, developing and implementing human resource management practices in Nigeria and other developing economies.

In his multi-country study Jackson (2004) identified three main influences on the process of hybridization in sub-Saharan African countries briefly outlined above, and crystallized as three 'ideal types': post-colonial, post-instrumental and African Renaissance management systems or styles. These influences encompass the historical post-colonial legacy; the more recent economic and structural influences through the advent of MNCs and structural adjustment programs, and; the indigenous movements and influences such as the *Ubuntu* concept in management in South Africa.

Theories of indigenization and hybridization offer a way to conceptualize a bridge between cross-cultural management theory, Development Studies and Postcolonial Theory, which can usefully be encapsulated in the concept of cultural 'interfaces' (following Jackson & Aycan 2006) at any juncture within the global governance structure. Norman Long's (2001) concept of social interfaces serves as a starting-point to understand and analyze the hybridization of management systems in Sub-Saharan African countries. The interface concept serves as a concept to understand the emergence of hybrid management systems and the dynamics underlying the process of hybridization. As Long (2001, p.70) writes, 'the concept of interface helps us to focus on the production and transformation of different world views or cultural paradigms'. He defines a social interface as:

'..a critical point of intersection between lifeworlds, social fields or levels of social organization where social discontinuities, based upon discrepancies in values, interests, knowledge and power, are most likely to be located'. (emphasis in original, 2001, p.243).

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One way to conceptualize the context in which these social discontinuities occur, is to view the space where these encounters happen as places of negotiation. These places of negotiations are framed by the context in which they occur, the structural relationships among the actors, and the power relationships within the global governance structure. Herath (2008) argues globalization theory rewords and reframes some of the central concepts of dependency theory. This leads us to incorporate insights from Dependency Theory (Frank 1969) and Postcolonial Theory (Bhabha 1994; Said 2003) in our analysis of the contextual and structural factors affecting the emergence of hybrid management systems in the development sector in Southern Africa. In Postcolonial Theory hybridity is seen as an ‘in-between space’ (Bhabha 1994) where culture and identity are constructed, here for the purposes of our study, within the conditions of international aid. Hybrid management systems, thus, are seen as the result of a negotiation process between stakeholders, reflecting the problematic relationship between the ‘colonizer’ and the ‘colonized’, the ‘developed’ core and the ‘underdeveloped’ periphery.

This discussion has the following implications for our study. Firstly, in order to understand the obstacles and facilitating factors that affect HIV/AIDS and TB service delivery it is necessary to contextualize policy formulation within the dynamics of a governance structure containing influences and power relationships that impact on processes and outcomes at each juncture or intersection where we find organizations at different levels and of different types. Secondly, it is necessary to understand these interactions as cultural encounters which influences important aspects such as how programs, projects and organizations are management. Postcolonial Theory in particular reminds us not to expect ‘the subaltern to speak’, in the words of Spivak (1988). That is, where indigenous cultural values and approaches have been progressively and systematically denigrated through geopolitical power relations, we should not expect from respondents a complete conceptualization and articulation of the influences on organization and

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management; and, we should not expect a comprehensive critique of knowledge being transferred from North to South within the global health governance structure.

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Data and Methods

The current work is part of a broad-based empirical study, funded by the UK Department for Innovation, Universities and Skills involving a multidisciplinary team across five universities in the UK, South Africa and Botswana. The aim of the project was to investigate the apparent gap between inputs and outputs in the fight against HIV/AIDS and TB, from a management perspective involving a cross-cultural approach. Drawing on insights from grounded theory (Glaser & Strauss 1967), we aim to 'discover theory' through a close examination of the patterns emerging from the data. Thus, the rationale underlying the choice of a case study approach lies in the exploratory nature of the present study.

Although case study research is an often used strategy in qualitative research design, it has been subject to a lot of criticism. In line with the critiques uttered against grounded theory, the perceived lack of generalizability features centrally in this discussion. Flyvbjerg (2006, p.228) counters argument by claiming that 'formal generalization is overvalued as a source of scientific development, whereas 'the force of example' is underestimated.' He argues that the human learning process from beginner to expert relies on the intimate knowledge a large amount of concrete cases (see Flyvbjerg 2001, chap. 2-4). Such context-dependent knowledge, through an in-depth study of several implementing organizations, will allow us to identify, describe and analyze the mechanisms at work by which the global health governance structure affects project delivery in sub-Saharan Africa.

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Running parallel to this discussion on generalizability is Tsang and Kwan's (1999) notion of replication of studies, which bears resemblance to Yin's (2009) replication logic. Citing Popper

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(1959) Tsang and Kwan assert that repetitions convince us that we are not dealing with ‘isolated coincidence, but with events which, on account of their regularity and reproducibility, are in principle intersubjectively testable’ (Popper, 1959 as cited in Tsang & Kwan 1999, p.759). This underlies our rationale of using multiple case studies in this research. Furthermore, using multiple cases also augments external validity and helps guard against observer biases. It adds confidence to findings and allows for the uncovering of certain tendencies which seem to emerge across the case studies.

Overview of the cases

In each university, ‘network researchers’ were employed, each to investigate and document a specific case, i.e. an organization engaged in the fight against HIV/AIDS and TB. As part of a two-day training workshop with network researchers, which discussed concepts and agreed research questions, each university team work-shopped and decided on its own specific methods and approaches. The question areas are listed in our introduction above. This resulted in five case studies in Botswana, while another seven were carried out in South Africa. Although specific study methods ranged from a combination of participant observation and interviews, all studies involved interviews with key players at different levels of the organization. The organizations studied in both countries range from community-based organizations (CBOs) over private care centres and bilateral projects to state owned hospitals. This ensures a wide cross-section of organizations involved in HIV/AIDS and TB health service delivery in both countries. Table 1 below gives a short description of the organizations participating in this study.

Insert Table 1 about here

Also addressing these research questions, the UK-based team undertook strategic interviews with seven policy-making organizations (donors and major NGOs) in the North (US and Europe) either face-to-face or by telephone. The organizations interviewed for this part of the research included CARE International, the UK Department For International Development (DfID), the EU Directorate General Development and Relations with African, Caribbean and Pacific States (DG DEV), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Oxfam UK, the President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank. The sample above was chosen to represent a cross-section of the actors shaping the global aid and health governance structure. The main focus in all cases and in interviews was the central issue of factors that could be affecting project delivery and causing blocks within the governance structure as a whole.

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Data analysis

In order to interrogate our data, we look at how the following contribute to, or hinder, project outcomes: the context in which the projects are delivered; the structural relationships between the different actors; the cross-cultural interactions, and; the nature of the management in these organizations. It would normally be our practice to develop hypotheses from existing literature, and then test these through our data. However, the extant literature is fairly silent on these questions, yet can be used, mostly obliquely, to reinforce and confirm some of our findings.

The data collected were analyzed using computer-assisted qualitative data analysis software (CAQDAS). We used Nvivo 7, developed by QSR International, for our analysis here mainly as a tool to facilitate coding and subsequent analysis of the data. This coding evolved and was gradually refined over several rounds of data interrogation. As we initially approached the data

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with a 'blank' mindset, in the first round of coding we highlighted and coded events that struck us as 'interesting' in the light of the questions we outlined above. These coded pieces of text were saved as 'free nodes' (to use NVivo terminology). Drawing on Glaser and Strauss' (1967) concept of 'constant comparison', we believed at this stage in this work it was necessary to interrogate our data iteratively with existing literature. This enabled us to gradually refine our free nodes and to cluster them in 'tree nodes'. This tree structure works as a kind of classification system for the free nodes (Bazeley 2007) and helped in identifying emerging patterns across the different cases.

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Contextualization: How do International Development Policies influence Outcomes?

A first factor affecting project delivery is the context in which policy is formulated, interpreted and implemented. It emerges from the interviews with donor organizations that the MDGs are the gold standard when talking about international development goals. The respondent at DfID explains:

'[A]s we got closer to 2015 we've got a much stronger sense about where progress is being made on the MDGs. [...] I guess there are kind of at least three of the MDGs immediately connected to health. I think the need to intensify our efforts in the area of health has become clearer. [...] And obviously AIDS, TB and malaria come under MDG six [combat HIV/AIDS, malaria and other diseases] and some of the responses required in order to achieve progress on HIV and AIDS relate to MDGs four and five in terms of maternal mortality and child mortality. So there is a very strong and ongoing commitment to HIV and AIDS.'

Deleted: It would normally be our practice to develop hypotheses from existing literature, and then test these through our data. However, the extant literature is fairly silent on these questions, yet can be used, mostly obliquely, to reinforce and confirm some of our findings. We do also understand the limitations of our data, and deem it appropriate to progressively supplement these with any other work that may have a direct or indirect bearing on our findings. As we progress through, we make it clear to which type of source we are referring. Essential the reader should be aware of the following voices being articulated: interviewees; network researchers writing the cases; previously published work; the current authors. We then develop propositions from this process that may be useful in future research in this area, and indeed to policy makers who are attempting to make sense of these vexed issues.

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This view is acknowledged by most interviewees in the North. Using the words of the respondent at PEPFAR, we could talk about 'connecting the dots' of international development. The dots

being HIV/AIDS, TB, malaria, economic empowerment, nutrition, education, gender, sanitation and so forth. Other interviewees talk about 'the need to look at the wider socio-economic issues' (DG DEV), and 'seeing health as a broad development issue' (World Bank), and, 'an integral part of poverty reduction efforts' (DfID).

Taking a bottom-up (that is, South to North) perspective within our case studies, the international policy environment as it pertains to HIV/AIDS can be considered as a particular 'practice of governance' (Seckinelgin 2005). In the case study of the Masizakhe Community Development Project (Eastern Cape, South Africa), the network researcher observed that the governance structure requires a certain amount of conformism on the part of the NGOs, if they want to have access to funding. In this respect, the respondents in the case study on a semi-rural clinic in the Winelands sub-district (Western Cape, South Africa) see the global governance system as a potential obstacle to be 'worked' in the interest of patients. Not only 'working with' or against the system, but, the network researcher observed, finding a place within and understanding the system in the first place proves to be a greater challenge in the case study of Khululeka men's support group in Cape Town.

Thus, our data suggest that for local organizations, interactions within the global governance structure might be facilitating project delivery in some ways, while at the same time it imposes restrictions. It is clear that the increased awareness of the relationship between health issues and development, as discussed in the introduction above, has contributed to an increase in the funding available for health-related interventions. We surmise that the amount of money available in the governance structure as a whole is not seen in itself to be a major problem. The issues relate initially to the formulation of policy, and for what that money is available.

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The interviewee at Oxfam UK concurred with this by stating that ‘the current thinking of the big powers affects policy and affects funding.’ Our case studies in South Africa and Botswana indicate, however, that this current thinking does not seem to include any considerations of cross-cultural or indigenous management practices as we will see when discussing cross-cultural interactions below. What we can conclude from the above is that (a) conformism by Southern organizations to international policies within the governance structure seems to be a requirement for access to funding; (2) yet this conformism itself may result in a lack of focus towards particular local needs for which the project organization was set up in the first place.

Structural Relationships: How Does the Way the Organization Fits into the Global Governance Structure Influence Outcomes?

At the local level, the entrance of the two diseases into a global ‘regime of truth’ (Foucault 1980), with its institutions and discursive practices governing HIV/AIDS and TB interventions, affects the way in which actors position themselves. This positioning embodies a subtle interplay and tension between, on the one hand, dependency on donor funding for survival and on the other hand the idea of ownership, which is central to the current development discourse.

In the case study of the Masizakhe Community Development Project the idea of ‘meeting the donors in the middle’ clearly emerges as an important issue. Entering the global governance system means the acceptance of the ‘terms and conditions’ governing the system in order to be able to access funding. The interviewee at the Global Fund expresses this idea of alignment as follows:

‘Partners coming from different regions and countries have to understand that there are certain specific rules to abide to. The Global Fund is a funding mechanism. Donors are using tax payers’ money. There need to be rules. There is a need for procedures. There is

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a need for effectiveness. If the money is not well spent, the money will not be there. This is not negotiable.

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The aid system, thus, is a double-edged sword that, on the one hand, allows a CBO like Masizakhe or Imbewu Community Volunteers to achieve tangible outputs in terms of food, frontline care or skills development and counseling. At the same time, however, it puts them in the position of passive recipients of aid who are not in a position to negotiate demands because of their position in the governance structure. A similar tone is echoed in the case study of Khululeka men's support group in Cape Town. The main challenge for this group seems to reside in understanding the system in the first place.

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The approach followed by the management of a rural ARV clinic in the Winelands, Western Cape sharply contrasts with the vulnerability of CBOs like Khululeka. By overspending its budget and overshooting its targets for ARV distribution the management is able to carve out a space of autonomy and agency. This allows for the management to seek additional funding, which then can be directed into a more holistic project set up by the head of the clinic. This "emporium of care", which was set up in November 2007 not only provides ARVs, but also a wide range of other psycho-social support services in an attempt to provide a more comprehensive form of care to the patients. Thus, by winning the donors' trust and forging relationships the management is able to gain a certain amount of autonomy and agency within the constraints of the broader governance structure. Hence, the data seem to indicate that access to resources within the global governance structure is dependent on the organization's ability to (a) understand how to gain entry into the governance structure and knowledge of its place within it, in relation to other organizations and stakeholders, and to; (b) successfully 'work the system' by being politically aware of its negotiating position within it.

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Management Interactions: What is the Nature of Cross-cultural Interaction, and How Does this Influence Outcomes?

It is clear, as shown above, that the context of international development aid with its structural relationships plays a major influential role. From a global perspective, the question now is how local knowledge is incorporated into policy making. Most of the donor organizations and Northern NGOs interviewed emphasize participation and consultation as ways to incorporate views from below. In this regard the respondent at the World Bank emphasized that ‘[we need to] make sure the countries were in the driver’s seat.’ However, the data reveal a discrepancy between the discourse on participation and what is actually going on in the field. As the interviewee at CARE International explains:

‘I don’t think communities have ever been equivocal about what they need. In most cases when you go to communities they list you the problems [that they face] in rank order [...]. So most of the time we tell them: Ok, the problem we want to address in the seventh one in your priority list. So the other ones, we are sorry we don’t really have the money to solve the other. Because we are trying to fit priority number seven into donor guidelines. [...] So in a sense communities are always aware of what they want, but I think NGOs sometimes are helpless, when it comes to responding to those needs, because donors come with guidelines and say apply to this line. This line is orphans and vulnerable children, this line is women and economic empowerment, this line is whatever. And yet those issues are so interrelated in communities. You cannot pull them separate.’

Similarly, the idea of participation does not seem to extend to the area of management of interventions. The respondent at the Global Fund, for example, counters our question on cross-cultural interaction by a new question:

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‘Why would cultural differences matter in terms of management decisions? [...] [I]n the concrete work of the Global Fund, what you were just mentioning doesn’t really represent a problem in the sense that the Global Fund has its own rules. [...] All we can do is to look into ways and possibilities to make that administrative work smoother and faster but for the sake of the grant recipients as such, without caring whether we are in Latin America, or we are in Uganda or we are in Indonesia.’

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This issue of management is also highlighted in the interesting role played by the Barnabas Trust for the Masizakhe Community Development Project. Barnabas Trust was established in 2002 as part of the ‘Mentoring for Change’ project of the South African national Department of Health. The purpose of Barnabas is to build the ‘capacity’ of CBOs working in the field of HIV/ AIDS in the Eastern Cape. It appears to play a double role within the system. Taking a top-down (North to South) perspective, we could say that through its mentoring role it acts as a filter for the donor organizations who use the Trust’s local relationships in allocating funds to needy CBOs. While Barnabas thus sources funding for Masizakhe, at the same time it tries to align the CBO to the requirements of the donor community. One way of doing this is by providing them standardized management training through instructional handbooks, called the ‘Toolbox series’. Taking a bottom-up (South to North) view, the Trust offers an opening for local CBOs to access the global governance structure and the financial benefits attached to it. In this way it plays the role of middleman and in many ways acts as a mediator between donor and recipient. Thus, by playing the role of ‘broker’ Barnabas lessens the cultural pressures that arise when the global interacts with the local. In sum, the above leads us to conclude that (a) a lack of understanding and sensitivities North to South may hinder appropriate project delivery at local level; (b) yet obstacles may be mediated by a middle organization acting as ‘cultural broker’.

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*Cultural Crossvergence and Management Hybridization: What is the Nature of Management
and How Does this Influences Outcomes?*

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In order to identify the nature of management in the organizations or projects surveyed we draw on the work of Jackson (2002a; 2004) discussed above. He distinguishes three 'ideal types' of management systems operating in sub-Sahara Africa. These are defined as 'post-colonial', 'post-instrumental' and 'African Renaissance'.

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The case studies indicate that post-colonial management systems seem to prevail at the level of government institutions and seem to be the product of the system itself. One of the characteristics of this system seems to be a heavy emphasis on clear boundaries framed by multiple rules and procedures. In the case of the Infectious Diseases Clinic, in Klein Karoo (which is a state hospital) this is reflected in a highly compartmentalised approach wherein each clinic in the hospital is seen as having a specific function and duty towards its patients and each ARV clinic staff member is seen as having a specific function and duty within the clinic. Beside its heavy emphasis on bureaucracy and red-tape, post-colonial management systems also appear to be characterised by a vertical decision-making structure. In the case of the BOTUSA (partnership between Botswana Government and USA Centre for Disease Control and Prevention) and the Masa ARV project in Botswana (also a US/Batswana project) the data indicate a reluctance by local employees to taking decisions. The network researcher in Botswana further observes that local counterparts tend to rely much on 'bureaucratic' practices that are dictated by the fact that they are always affected by their proximity to their superiors. This contrasts with expatriate project managers, who seem more empowered to make certain decisions where their local counterparts tend to seek guidance. In certain cases the network researchers reported a disparaging by the expatriates of these bureaucratic practices as hindering outputs. Yet the Batswana view was that the Americans sometimes were too anxious to implement without the

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normal moral checks and balances within the communities which these bureaucratic practices afforded.

These differences in attitudes reflect in part the nature of North to South management of programs and funding which include certain ways of managing projects which are imposed by the donors. As one respondent at the ARV clinic at Settlers Hospital in Grahamstown (Eastern Cape) commented the management systems in the organization are influenced by 'the Western systems and are imposed on by the funders.' Similar responses surfaced repeatedly across the case studies. Hence, post-instrumental management systems can be seen to reflect the idea of conformism to the 'rules of the game'. The case study on a South Africa of semi-rural clinic in the Winelands illustrates that a post-instrumental style of management seems to come in as part of the ARV protocols themselves. These include a focus on quantitative indicators of success, on transparency and accountability, on individual responsibility, on efficient and technical solutions to social problems.

The case studies seem to confirm Jackson's (2002a; 2004) argument that post-instrumental systems are most likely to be found in organizations that have strong foreign links (often including expatriate managers). This is clearly visible in the Botswana case studies where American-centered thinking seems to prevail with regard to management issues in organizations that are founded on a collaboration between Botswana government and organizations from the US (these include BOTUSA, Botswana-Baylor Children's Clinical Centre of Excellence, and the Botswana-Harvard Partnership HIV Reference Laboratory).

As is the case with the other two 'ideal types' management systems described by Jackson (2004), African Renaissance management systems do not appear in any pure form in the case studies. With regard to the case studies in the Western Cape, the more 'humanistic' forms of

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management seem to occur in whatever spaces left unoccupied by the public health management culture, according to the network researchers working in this area. This humanistic approach is most visible in the way in which the relationships with patients and the wider community are perceived. Jackson (2002b) points out that one of the main cultural differences between the West and Africa lies in the ‘locus of human value’ (people as means to an end, that is instrumentally; or people as an end in themselves, that is humanistically). In the case of the Raphael Centre in Grahamstown (Eastern Cape) the Managing Director put this idea into words by drawing on the metaphor of ‘a family’ to describe the sense of reciprocity and solidarity underlying Ubuntu. In the Masizakhe case study, in the view of the network researcher, this humanistic impetus of Ubuntu not only functions as an indigenous African management system, but more holistically also as an African/Xhosa way of life that transcends business and is incorporated into all avenues of life. This idea is also reflected in the fact that the managers of projects in Botswana seem to be torn between practicing more Western management techniques and still remain African in social style. One simple example the Batswana managers give is the importance they attach to greeting each other, whereas greeting seems cursory to the Americans they deal with in their projects.

Masizakhe, according to the network researcher, shows elements of indigenization in the emergence of a hybrid, *ad hoc* system of management which is grounded in Western thinking and tradeoffs, but which has slightly been adapted at grassroots level to accommodate local needs. This ‘meeting in the middle’, as voiced by one key interviewee, seems to be one of the factors affecting the success of the CBO. This idea of hybridization, the current authors note, also resonates in some of our other South African case studies. The manager’s approach in the case study of the ARV clinic in the Winelands could be interpreted as humanistic when he says that he ‘doesn’t know much about complicated things like culture’ and that he ‘simply listens to people and provides what they ask him for’. In the ARV roll-out site in Klein Karoo, however, the network researcher observed that the more relationship-focused impulses among managers or

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staff seem to have trouble finding any sustainable form of expression in a clinic that seems to value systems and procedures more highly than relationships.

The above seems to indicate, in the view of the current authors, that the success of an organization or project is not only determined by the way in which it positions itself in the governance structure, but also on how it is able to integrate sometimes conflicting paradigmatic positions with regards to management. Hence, indigenization as defined by Sinha et al. (1999) seems to be an element that influences outcomes, as illustrated by the rural ARV clinic in the Winelands ‘emporium of care’ (in the words of the network researcher) and the ‘meet the donors in the middle’ approach voiced by a key respondent in Masizakhe. Hence, the data suggest that (a) the imposition North to South within the governance structure of management principles and practices that are inappropriate in a local context may hinder project outcomes; (b) yet successfully integrating different paradigmatic ways of managing projects and people may overcome obstructions and better facilitate projects success.

Theorising the Data

The main issues hampering project outcomes can be summarized as systemic, structural or cultural. By systemic issues, we refer to issues relating to how the aid industry works. Entering this system requires local NGOs/CBOs to be literate in the ‘aid game’. As highlighted in the case of Khululeka men’s support group, a first element in entering into the aid system is understanding the rules of the game. Secondly, in order to secure one’s position, and thus one’s access to funding, a high degree of conformism is required. This parallels Seckinelgin’s (2005, p.361) view that ‘most NGOs working in the field choose interventions based on the available funding structure that reflects international policymakers’ perspectives on the disease’. Both the cases of Masizakhe and the Winelands ARV “emporium of care” show this. We concur with

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Seckinelgin (2005, p.356), who summarizes the role envisioned for local organizations as follows:

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‘Civil society, in this system, is by and large constructed into a resource category to be utilized as an efficient and effective way to deal with the disease at the community level. In terms of this policy context, the role of civil society is to act as a conduit between policy structures and the people.’

Bringing this discussion down to the issue of project management, this means that Western ideas of management are part of the package to be absorbed by the local organizations. This is clearly evidenced in handbooks like Barnabus Trust’s Toolbox Series, which is intended as a help for CBOs to align themselves to the requirements of the donors. This idea of alignment is clearly expressed by the respondent at the Global Fund:

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‘We cannot sell lower standards for cultural differences. The Global Fund Board does not buy that argument. Partners coming from different regions and countries have to understand that there are certain specific rules to abide to. [...] [D]on’t tell me that I have to understand that in Uganda it takes 15 days to move one paper from one room to the other and therefore I allow them not to move that paper or not to tell me something which I require another partner to tell me. No double standards, no differences.’

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As we outlined above, the ‘coping’ strategies to secure access within the global governance structure that emerge from the case studies mainly rest on conformism. We use the term ‘coping strategies’ here, as the available examples mainly illustrate ways of surviving within the system. One strategy we have seen to cope with the North-South discontinuities is exemplified in the Barnabas Trust that acts as a ‘broker’ between donors and recipients. In countries where resources are scarce and competition is great, alignment and conformism seem to be viable strategies to ensure (at least short-term) survival. Thus, the asymmetric power dynamics,

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inherent to the donor-recipient relationship, seem to inhibit the emergence of 'African management system', through the 'terms and conditions' attached to the funding. This, however, opens the way for (embryonic) hybrid management systems to emerge in an attempt to meet the donors' requirements, and the expectations of the beneficiaries.

Cultural factors affecting project deliver are, again, closely related to the two other factors identified above as the structural power dynamics seem to force NGOs or other local organizations wishing to enter the system (and access funding) to conform with the 'terms and conditions' within the global governance structure. Nevertheless, as expressed in several case studies, differences in value orientations between expatriates and local citizens seem to have an impact on project management and project outcomes. These differences cannot be simply brushed aside as 'lower standards'.

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Constraints and Limitations

Like all research, this study has a number of limitations resulting from the choices made in setting up and executing the research. Bringing together insights and expertise from researchers in as different fields as anthropology, health sciences, development studies and cross-cultural management this study was conceived as an interdisciplinary effort to look into factors affecting health service delivery in Botswana and South Africa. This meant that researchers from different backgrounds set out to investigate these factors, using tools and methods from their respective disciplines. The result was that case studies had a much broader perspective than a management focus. This had both disadvantages in this lack of focus, but had advantages in a broader perspective alerting us to wider issues with the international aid governance structure, processes and dynamics. As the aim of the research included utilizing, and where possible, expanding current cross-cultural theory, such a mixed method approach allowed for diverse insights to be incorporated. Furthermore, this offers new avenues to explore with a view to pushing the

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boundaries of current cross-cultural management theory as it relates to issues in international development and health service delivery, as we now discuss.

Future Research and Policy Implications

As we noted above, little cognizance has been taken of cross-cultural management issues within international development, and the aid sector as a whole. This may be because of the apparent paucity of theory, which has failed to break out of the ‘comparative fallacy’ as pointed out by Adler and Graham (1989) twenty years ago. Studies such as Hofstede’s (2001) help us to critique the transfer of management knowledge from one country culture to another. Yet it says nothing about what happens when cultural systems meet, compete and integrate in the context of global structures within a dynamic of power relationships. It is clear from our broad-based exploratory study that the cross-cultural management of program and project delivery, the allocation and utilization of funds, resources and people, must be considered within this wider context. We believe this has been one of the values of an inter-disciplinary, broad-based approach. From the interrogations of the voices included in this project (interviewees – practitioners and policy makers; local network researchers; the literature, and; ourselves as researchers/authors), we offer four research propositions for further specific investigation. We also believe they have important implications for policy makers in this area.

The first proposition involves the apparent requirement for conformism to policy formulated predominantly in the North, with very weak feedback loops from the South. We understand from our case studies and interviews that this may lead to local organizations compromising their responses to local needs. This is also fairly well documented in the literature. Researchers could play a role in further investigating the nature of the power dynamics involved in this requirement for conformity to policies that have few inputs from local organizations. Policy makers could

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look at ways of strengthening South to North feedback loops over and above those measures contained in the Paris Declaration.

The second proposition concerns access to resources within the governance structure, and an apparent lack of knowledge on the part of many local organizations of their position within the governance structure and how to successfully 'work the system'. Further research could shed more light on the nature of this global structure. It could be 'mapped' in some detail. This would provide at least an understanding of how the parts fit together. This would be useful for both policy makers and practitioners at local level to better understand critical issues such as duplication within the system and therefore better deployment of funding. Practitioners may also be better educated in how to gain access to funding and resources, and how to work cooperatively with other local organizations, as well as funders.

Proposition three has some overlap with the above, and suggests a lack of understanding and cultural sensitivity on the part of Northern organizations of needs and conditions in the South. A middle organization acting as mediate may be one solution, but there may be others. A better understanding of cross-cultural dynamics, led by further research investigations in this area may provide other approaches to addressing this issue.

Our fourth proposition is directed more at management issues. This is an area that has been neglected in international aid and development. By not taking cognizance of management issues simply means that inappropriate forms of (Western) management may be imposed anyway. Therefore, management researchers should be encouraged to devote more attention to the development sector, while policy makers should encourage this attention through access to funding and policy makers for this type of research. In parallel, there is still much scope to develop cross-cultural management theory that is more applicable to the type of dynamics

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encountered in the governance structures that make up the international development sector. Our fourth proposition also points to the success of local managers who are able to integrate successfully different management paradigms. Both researchers and policy makers could learn much by further study in this area, while practitioners could benefit from the resulting training and capacity building.

Acknowledgements.

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For Review Only

Table 1: Brief description of the organizations

Organization/ Project	Type	Core activities
<u>South Africa</u>		
Masizakhe Community Development Project	CBO	Vegetable garden, beadwork and sewing income generating project, home-based care, HIV/AIDS awareness and counseling, supportive home visits soup kitchen, pre-school for affected children/orphans, advocacy.
Imbewu Community Volunteers	NGO	Social and health prevention and sensitization; psychosocial development and reduction of at-risks behavior; cultural exchanges.
ARV clinic, Settlers Hospital	Public private partnership (PPP)	Supplying antiretroviral (ARV) drugs; nutrition, supporting clinic workers; monitoring of weight and side-effects of patients; blood testing, following up of patients and counseling (adherence).
Raphael Centre	NGO	VCT; Training and education for people living with HIV/AIDS; PMTCT; Access to treatment; Food support; Orphans and vulnerable children (OVCs) and Volunteer work
Khululeka Men's Support Group	CBO	Support for HIV-positive men; Outreach and education/awareness initiatives
ARV roll-out site, Klein Karoo	Public hospital	ARVs, counseling, PMTCT.
ARV rural clinic, Winelands district (Emporium of Care)	Public hospital	ARVs.
<u>Botswana</u>		
National Aids Coordinating Agency (NACA)	Government agency	Coordinating and facilitating Botswana's response to the HIV/AIDS epidemic; identification of key strategic priorities in the war on HIV/AIDS; development and support of programs and policies that can deliver on these priorities; development of tools and mechanisms to monitor and evaluate progress in the war on HIV/AIDS.

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<u>Botswana Government and USA Centre for Disease Control and prevention (BOTUSA/CDC)</u>	<u>PPP</u>	<u>Technical assistance, consultation, and funding; implementation of programs; research for prevention, care and support, and surveillance of HIV/AIDS, tuberculosis, and sexually transmitted diseases (STDs).</u>
<u>Botswana-Baylor Children's Clinical Center of Excellence</u>	<u>PPP</u>	<u>Care and treatment to HIV positive infants, children, and their families. Services include comprehensive primary and specialty medical care and psychosocial needs of patients.</u>
<u>MASA ARV Project</u>	<u>National ARV Program</u>	<u>Co-ordinating Antiretroviral therapy across clinical facilities of Ministry of Health; facilitating access to care and rolling-out HIV/AIDS treatment to various facilities; providing HIV therapy training to health care workers; education and awareness</u>
<u>Botswana-Harvard HIV Reference Laboratory</u>	<u>Research institute</u>	<u>HIV/AIDS research and training</u>

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